

Unannounced Care Inspection Report 31 May 2018



Extra Care

Type of Service: Domiciliary Care Agency

**Address: Lucas Exchange, 1 Orchard Way, Greystone Road, Antrim,
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Tel No: 02894482939

Inspector: Aveen Donnelly

User Consultation officer (UCO): Clair Mc Connell

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Extra Care is a domiciliary care agency providing services to all Health and Social Care Trust (HSCT) areas in Northern Ireland with exception to the Western HSCT area. Services provided include personal care, assistance with meals and respite sits (day and night). The agency currently provides services to 695 individuals living in their own homes. Services are provided by 290 Staff.

3.0 Service details

Organisation/Registered Provider: Extra Care for Elderly People Ltd	Registered Manager: Mary Lorraine Collins
Responsible Individual: Brian Ronald Hutchinson	
Person in charge at the time of inspection: Operations Team Leader	Date manager registered: 4 November 2016

4.0 Inspection summary

An unannounced inspection took place on 31 May 2018 from 09.15 to 16.30 hours.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection reported that the agency had failed to provide services to one or more service users; had not provided two care workers on a number of occasions to service users in line with their care plan; and did not have in place adequate contingency measures in place to address staff shortages.

In light of the concerns received by RQIA, the inspection sought to examine the agency's staffing arrangements, monitoring processes, communication and reporting procedures. The inspection also sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection the agency was not found to be in compliance with the required regulations. The inspector found evidence to substantiate the reported concerns regarding failures to provide domiciliary care workers as commissioned, and lack of effective communication with the service users' representatives. There was also limited evidence of effective communication with the commissioners of care in the NHSCT where these issues related to.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue five notices of failure to comply with regulations and a notice of proposal to impose a condition on the registration of the agency. A meeting was held at RQIA offices on 6 June 2018 to discuss these matters and other serious matters that arose during this inspection. Given the assurances provided in this meeting, RQIA felt that a notice of proposal to impose a condition on the registration of the agency would not be the most appropriate or proportionate measure to achieve improvements and this was not issued.

The outcome of the meeting resulted in two failure to comply notices being issued.

One failure to comply notice related to the agency's failure to ensure the safety and well-being of service users and to safeguard them against abuse or neglect.

The second failure to comply notice related to the lack of appropriate staff supervision.

Given the assurances provided during the meeting, RQIA made the decision to issue a Quality Improvement Plan outlining a number of areas for improvement and additionally, in accordance with Regulation 23 (2) (3), the responsible individual is required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

Areas for improvement made in the QIP related to staffing provision, staff appraisals, auditing processes, the complaints procedure and the availability of records.

Service users and relatives spoken with by the RQIA User Consultation Officer (UCO), provided feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the body of this report.

The staff members and Health and Social Care (HSC) representatives spoken with during inspection provided valuable feedback in terms of the performance of the agency. Following the inspection, relevant Trust representatives met with RQIA, on 20 June 2018, to discuss the inspection findings and to seek assurances from them, in relation to the actions they are required to take to support the agency to achieve compliance with the FTC notices.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	9	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Brian Hutchinson, responsible individual during the enforcement meetings at RQIA offices on 6 June 2018. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the inspection. Two failure to comply notices were issued in relation to staff provision and in relation to staff supervision.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity>

4.2 Action/enforcement taken following the most recent care inspection dated 30 January 2018

No further actions were required to be taken following the most recent inspection on 30 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- all correspondence received by RQIA since the previous inspection

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and seven relatives, either in their own home or by telephone, on 24 May 2018 to obtain their views of the service. Given the spread of service users across many parts of Northern Ireland, the UCO spoke to service users and relatives from three different regions, to identify whether concerns existed across each region; or within isolated areas.

The service users interviewed informed the UCO that they received assistance with personal care, meals and sitting services, as appropriate to their needs.

The UCO also reviewed the agency's documentation relating to three service users and details of the findings are within the report.

As part of the inspection process the inspector spoke with the operations team leader, seven care staff and two Health and Social Care (HSC) representatives.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff completed the survey.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction and supervision records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- six service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate

- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports

The inspector requested that the person in charge place a ‘Have we missed you’ card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

There were no areas for improvement made as a result of the last care inspection undertaken on 11 May 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Information received by the RQIA prior to this inspection reported that the agency had failed to provide services to one or more service users; had not provided two care workers on a number of occasions to service users in line with their care plan; and that adequate contingency measures were not in place to address staff shortages.

Previous inspection outcomes for this agency from the inspection of January 2018 had not identified any significant areas of concern.

The UCO was advised by all of the service users and relatives interviewed from the Newry and Belfast areas of their satisfaction with the care provided by Extra Care. However, a number of serious concerns were raised by the service users and relatives interviewed from the Cookstown and surrounding areas. These were in relation to safety of care, concerns were raised regarding a large number of missed calls, cancelled calls, significantly late calls or one carer delivering care, when their risk assessment and care plan had indicated the need for two care workers.

Those consulted with reported to the UCO that there was a high turnover of staff in the Cookstown area, leading to a lack of consistency amongst carers and their familiarity of the service users and their care needs. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers have so many calls to do; sometimes they rush.”
- “Sometimes they cancel or don’t show up. I try to help (service user’s name) but worry that we could fall and hurt ourselves.”
- “Couldn’t fault the carers. They’re trying to do their job but they’re so short staffed.”

The inspector was advised that the agency had recently experienced an unexpected staffing shortage, where a number of domiciliary care workers had resigned. Recruitment strategies were discussed and the inspector was informed that the agency had difficulty recruiting adequate numbers of replacement domiciliary care workers in this short timeframe and that a number of care workers, were awaiting the required checks, before they could commence employment.

Discussion with staff and a review of care records confirmed that the safety and well-being of service users had been placed at risk due to a substantial number of missed and late calls. The review of the records identified that there had been a significant number of missed calls, most notably within, but not limited to, the Cookstown/Magherafelt area. Inspection findings identified that the numbers of missed calls had increased significantly between February and May 2018 and there was limited evidence to demonstrate that the responsible individual had taken appropriate action in a timely manner, to address the concerns and safeguard the service users. The review of the agency’s missed calls log also evidenced that the agency had not been aware of all the missed calls, nor had they reported all missed calls to the Health and Social Care Trust (HSC Trust).

The staff handbook was viewed which contained a protocol for staff in relation to care workers cancelling shifts. The inspector also reviewed the agency policy on Accident and Incident reporting, which provided guidance for staff in their role to report accidents, near misses or incidents and the procedure staff should follow if a significant event or incident occurred, including contacting their team leader/manager. It was further noted that the whistleblowing policy included guidance for staff on the need to report ‘concerns over the provision of service either by individuals or a group of staff’. Discussion with staff evidenced that whilst they were aware of the procedure to follow, in respect of ‘late calls’, they did not consistently recognise that calls which were significantly late, should be reported as missed calls. This was deemed important, given that one of the service user’s representatives advised the UCO, that they had provided the care on four out of seven days, due to staff lateness. The family member also served as the second carer, when only one care worker from Extra Care was provided. There was no evidence within the records reviewed that these had been recorded as missed calls.

Following the inspection and in accordance with RQIA’s Enforcement Policy and Procedures, the registered person was advised of RQIA’s intention to issue failure to comply notices in respect of Regulation 14 (a) and (b) and Regulation 16 (1) (a) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the registered manager was held at RQIA offices on 6 June 2018.

During this meeting the management response to the staffing shortages was discussed and the responsible individual was informed of RQIA's expectation that he must liaise with the Northern HSCT, within a specified timescale, in relation to the challenges outlined to RQIA regarding service failures in the provision of domiciliary care.

A failure to comply notice was issued on 7 June 2018 in respect of Regulation 14 (a) and (b) and the registered person is required to demonstrate compliance with this regulation on or before 8 August 2018. Additionally, in accordance with Article 40 (1) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the responsible person is required to submit to RQIA specific information relating to the quality of service provision.

Areas for improvement have been made in relation to Regulation 16 (1) (a) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 8.3 of the Domiciliary Care Agencies Minimum Standards, 2011.

The systems in place to monitor staff performance and to ensure that they received support and guidance were reviewed. Consultation with staff identified and a review of the supervision records confirmed that the agency's arrangements for providing staff with appropriate supervision were deemed to be inadequate. It was concerning to note that there was a lack of evidence in the personnel files reviewed, of the staff having had any formal supervision or any observation of their practice. A review of two staff' supervision records identified that supervisions had not been undertaken since 2015. In a third record, there was evidence that supervisions had been conducted with them by telephone and there was no evidence that their practice had been observed. This was particularly concerning in light of reports received from service users' representatives in relation to poor moving and handling practices. Failure to provide staff with appropriate supervision has the potential to place service users and staff at risk or harm.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 16 (4) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the registered manager was held at RQIA offices on 6 June 2018.

During this meeting the concerns relating to the lack of staff supervision were discussed. A failure to comply notice was issued on 7 June 2018 in respect of Regulation 16 (4) and the registered person is required to demonstrate compliance with this regulation on or before 8 August 2018.

The review of three personnel records also identified that staff had not received appraisals in line with the regulations or standards. In two out of three records, there was no evidence that the staff had an appraisal. In the third record, the last appraisal had been undertaken with the staff member in August 2015. This has been identified as an area for improvement within the QIP, in respect of Regulation 16 (2)(a).

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. Where agency staff had been provided from other domiciliary care agencies, there was a system in place, to ensure that they had undergone the required pre-employment checks and training.

The review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations.

There was a system in place to monitor the registration status of staff in accordance with NISCC.

The systems in place to monitor staff compliance with mandatory training requirements were viewed. Given that the inspector viewed the system for monitoring staff training requirements, alongside assurances provided by staff, that training had been provided, the inspector was satisfied that the management had oversight over the provision of training.

The inspector was advised that there had been no actual safeguarding incidents reported since the last inspection. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures. Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to how they should report any concerns that they had; however, a number of staff advised the inspector that the management team had not been responsive in relation to concerns raised. Refer to section 6.7 for further detail.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. The inspector noted that any alerts issued by the HSC Trust had been shared with care workers at staff meetings.

The agency's registered premises are located at Greystone Road, Antrim and were suitable for the purposes of the agency.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and in relation to sharing alerts issued by the HSC Trust with staff.

Areas for improvement

Two failure to comply notices were issued on 7 June 2018 in respect of Regulation 14 (a) and (b) and Regulation 16 (4) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The registered person is required to demonstrate compliance with this regulation on or before 8 August 2018.

Three other areas for improvement were made in relation to staffing provision, staff appraisals and ensuring that staff appropriately identify and report missed calls.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the agency's Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

Whilst there was positive feedback from the service users and relatives in the Belfast and Newry area, the UCO was informed by the service users and relatives interviewed from the Cookstown area of numerous concerns regarding the care being provided by Extra Care. Examples of concerns discussed with the UCO included missed calls, cancelled calls, one carer completing a double call when their needs assessment had indicated that two staff were required. Timekeeping and consistency of carers was also discussed. Examples of poor communication were also raised with the UCO, for example, the office phone not being answered, telephone calls not being returned or messages not being passed on to the carers. The UCO was also advised that monitoring by management through home visits, phone calls or questionnaires had not taken place to ensure that service users or their relatives are satisfied with the care being provided by the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "The carers change all the time."
- "Feels like we don't matter; that we're just a number to them."
- "I don't like the new phone system. I just want to speak to someone."

As part of the home visits the UCO reviewed the agency's documentation in relation to three service users. One log was not being consistently completed and another relative was unable to show the UCO any documentation from the agency. During the inspection, current records in relation to two identified service users were not available for inspection

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 21 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the registered manager was held at RQIA offices on 6 June 2018. During this meeting the concerns relating to the availability of records was discussed. Assurances were given by the responsible individual that this would be addressed; however, at the time of issuing this report, the inspector had not received any assurances in this regard. This has been identified as an area for improvement.

Discussion with one HSCT representative identified that Extra Care staff did not consistently attend care review meetings and that when actions arising from care reviews were discussed with the agency, they did not consistently follow matters up in a timely manner. The review of the care records identified that the care review notes were not consistently in place.

The quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users were reviewed during the inspection. One service user's representative advised the UCO that whilst they had been in receipt of services from Extra Care for over one year, their care needs had only been reviewed recently. Three other service users' representatives informed the UCO that prior to the recent monitoring visits, there had been no

monitoring visits undertaken in the previous three years. The review of the care records confirmed this information; and furthermore evidenced that one of the service users last had their review of care needs completed by telephone in 2015. This was discussed with Trust representatives, who provided assurances to RQIA that they would undertake joint care reviews with Extra Care within a specified timescale.

As discussed in section 6.4, the review of daily logs returned from service users' homes, identified that the service users were not consistently receiving the right care at the right time. Discussion with staff and the review of the records confirmed instances where a number of service users had their personal care provided by one care worker when their needs assessment and care plan stated they required the assistance of two carers. Where one service user had missed calls, the family members had been relied upon to provide the care on three days. This service failure had not been identified by the agency until raised by the Community Services Manager, through the Trust's validation processes.

The review of one identified care record evidenced a varied pattern of service provision with significant gaps noted across a 14 day period. This resulted in an elderly family member taking on care tasks. Due to late calls, a number of other service users had their personal care needs met by family members and meal times in a number of records were noted to be too close together.

The inspector was advised that there was a process in place, to check the daily logs, returned from the service users' home. However, there were no formal audits undertaken and there was no evidence available to demonstrate where or how identified deficits had been dealt with. An area for improvement has been made in this regard.

As previously discussed, there was limited evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives. Staff from one identified area consulted with stated that they felt that there was poor communication between all grades of staff. With the exception of the Cookstown/Magherafelt areas, management had held regular meetings with staff.

Areas of good practice

There was evidence that staff meetings in the majority of areas had been held regularly.

Areas for improvement

An area for improvement was made in relation to the availability of records and in relation to the systematic auditing of working practices.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Whilst it is acknowledged that the agency is currently experiencing issues with the delivery of care in the Cookstown and surrounding areas; the UCO was informed by the majority of the service users and relatives interviewed that the carers were trying to provide the best service possible with the staff shortage. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t sing (staff name) praise high enough.”
- “We like them all.”
- “Lovely crowd.”

There was also evidence within the compliments records reviewed that a number of service users’ representatives were satisfied with the care and support provided. Comments recorded included praise for ‘the much needed support and care (provided) at a very sad and difficult time’ and for the ‘personal and loving care’.

As part of the inspection process, the inspector spoke with seven staff members and two HSC representatives. Some comments received are detailed below:

Staff

- “I am getting on grand, I have never had a problem.”
- “All the staff are hardworking and very good at their jobs.”
- “I am happy with everything, they are very good to me, very good.”
- “It’s not too bad”.

Five staff spoke at length with the inspector in relation to specific concerns they had, particularly in relation to the staffing arrangements, as previously discussed in section 6.4 and in relation to poor communication. Specific feedback was relayed to the person in charge on the day of the inspection, for review and action as appropriate.

Trust Representatives

Trust representatives spoken with confirmed information in relation to late and missed calls. Negative comments were received in relation to the responsiveness of management to specific requests.

Areas of good practice

Some positive comments were received from staff there was evidence that compliments had been received in support of compassionate care having been provided.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Given the aggregated concerns identified during this inspection, in accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue a notice of proposal to impose conditions on the registration of the agency. A meeting was held at RQIA offices on 6 June 2018 to discuss these matters and other serious matters that arose during this inspection. Given the assurances provided in this meeting, RQIA felt that a notice of proposal to impose conditions on the registration of the agency would not be the most appropriate or proportionate measure to achieve improvements and this was not served.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. However, given the aggregated concerns identified during this inspection, it was evident that the monthly quality monitoring processes had not been effective.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in respect of Regulation 23 (1)(4)(5) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A meeting with the responsible individual and the registered manager was held at RQIA offices on 6 June 2018. During this meeting the concerns relating to the effectiveness of the quality monitoring processes were discussed. Assurances were given by the responsible individual that this would be addressed. This has been identified as an area for improvement. Additionally, the responsible individual is required, in accordance with Regulation 23 (2)(3), to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. A number of service users' representatives reported to the UCO that they had raised their concerns with the agency's management team and that they were not satisfied with the outcome. There was no evidence within the complaints records reviewed that these concerns had been addressed or even recorded. This has been identified as an area for improvement.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion with the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures available and a system was in place to ensure that they were reviewed appropriately.

The certificate of registration was up to date and displayed.

Areas of good practice

There was a clear organisational structure in place. Policies and procedures were up to date and available to all staff.

Areas for improvement

Two areas for improvement related to the monthly quality monitoring processes. One area for improvement related to the complaints procedure.

	Regulations	Standards
Total number of areas for improvement	5	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the Quality Improvement Plan (QIP) within this report were the Operations Team Leader, on the day of the inspection and were also discussed with Mr Brian Hutchinson, responsible individual during a meeting at RQIA offices on 6 June 2018. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 08 August 2018 (as outlined in failure to comply notice: FTC00005)</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must undertake an audit of all missed or late calls in 2018 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these.</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We will prepare and submit a weekly report to R.Q.I.A. setting out details of missed calls, service failures and complaints being detected by or reported to us in the previous week (ending each Sunday). The report will be submitted before the 5pm on Tuesday after the end of the reported week.</p> <p>We will provide a copy of the report to the NHSCT.</p> <p>This has been delivered since wc 11th June 2018</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>Ref: 6.4</p>

Response by registered person detailing the actions taken:**Open New Office**

We have opened a new office in Cookstown to increase our presence in the area, support ongoing recruitment and improve access to EC staff by SU and CWs.

The office will open three days per week - Monday, Wednesday and Thursday.

The normal opening hours will be as follows:

Monday and Thursday 11.30am-16.30pm

Wednesday 9.30am-11.30am and 14.00pm-16.30pm

Recruitment & Retention

We will continue to run on-going recruitment campaigns in all areas and with a particular focus presently in the Cookstown and Magherafelt area to ensure we have sufficient staff to cover the demands on the service.

At all times there will be at least one or more of the following methods deployed.

- Job boards online
- Adverts in the Mid-Ulster Mail & associated papers
- Leaflet drops in the community
- Poster campaigns in local shops and community centres

- Participation in job fairs
- Advertising on bus sides
- Social media advertising
- Developing partnerships with community groups

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: 08 August 2018 (as outlined in failure to comply notice: FTC00006)</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p> <p>The registered person must ensure that an audit of staff supervision records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency’s policies and procedures.</p> <p>The registered person must ensure that the methods of staff supervision are reviewed, to ensure that they are appropriate for the work the staff are to undertake.</p> <p>The registered person must ensure that any staff, who have the responsibility of undertaking staff supervision are suitably trained to undertake their role.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision</p> <p>We will ensure all Care Workers undergo an appropriate supervision meeting with an Operation Team Leader twice a year and an annual appraisal.</p> <p>We will maintain records of each supervision meeting and retain same on file.</p> <p>We will identify training needs and develop a plan to ensure any gaps are addressed in accordance with the minimum standards.</p> <p>We will ensure that our OTLs are suitably trained to carry out supervision meetings with Care Workers.</p> <p>We will maintain an advanced schedule of supervision meetings to ensure Care Workers attend a meeting within the appropriate timeframe.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: We will ensure all new staff are adequately trained before commencing work. We will ensure all new staff are provided with an appropriate amount of shadowing time with a trained Care Worker before carrying out work alone. We will ensure that all Care Workers receive appropriate and timely refresher training at least once a year. We will maintain an advanced schedule of training to ensure staff are trained within an appropriate timeframe. We will identify in supervision meeting any training needs and develop a plan to ensure any gaps are addressed in accordance with the minimum standards.</p> <p>Response by registered person detailing the actions taken: We will maintain and retain appropriate records of staff training.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 22 (6)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>(6) The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We will investigate all complaints. We consider all service failures as complaints. We will identify learning outcomes from complaints, were relevant, and use them to improve our services. We will record all compliments and on a Compliment Register. We will pass on all compliments to the member of staff concerned We will report all compliments via the Weekly Report to R.Q.I.A. and the NHSCT.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 22 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We will inform the complainant of the outcome of our investigation within 28 days of the date of receipt.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We will keep a record of all complaints on a complaint register. We will report all complaints on the weekly report to R.Q.I.A. and the Trust</p>
<p>Area for improvement 9</p> <p>Ref: Regulation complaints 23(2)(3)(4) and (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users; (b)takes the views of service users and their representatives into account in deciding—</p> <p>(i)what services to offer to them, and (ii)the manner in which such services are to be provided; and (c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency</p>

	<p>over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We have provided RQIA with a formal response in table format to each of the Areas for Improvement, elements of which are contained within this document.</p> <p>Furthermore:</p> <p>We will carry out an externally facilitated satisfaction surveys with SUs on an annual basis.</p> <p>We will carry out a satisfaction survey with Care Workers on an annual basis.</p> <p>We will collate the results, identify learning outcomes and use them to improve our services.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedures.</p> <p>This refers specifically to the staff's role in recognising and reporting missed calls.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have developed and distributed a new protocol clearly setting out how we deal with missed calls. The protocol contains a section for each type of reader i.e.</p> <ul style="list-style-type: none"> • Operational Manager • Care Worker • Operations Team Leader <p>The protocol was issued to all staff in the week commencing 9th July</p>

	<p>2018 and updated after review with the NHSCT on 7th Aug 18 and after feedback from RQIA on 8th Aug 18.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency’s documented policies and procedures.</p> <p>This refers specifically to the auditing of daily logs returned from service users’ homes.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>We have increased the days on which our OTLs are in the community and visiting SUs.</p> <p>We have drawn up a schedule to ensure the number of visits is adequate to review all SUs within a reasonable time frame and repeat visits are also carried out within a reasonable timeframe.</p> <p>During visits they will</p> <ul style="list-style-type: none"> • Conduct and document SU reviews • Review Daily Log Books and complete a review form. <p>OTLs will send a copy of the review form to NHSCT Contracts and SW by email. They will also sign the log books to verify their attendance. OTLs will update the QA schedule, scan and file link paper work to Carefree. A paper copy will be filed in the SU/CWs folder. Carefree will be updated with any updates needed.</p>



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